

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-018954**

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 158

DO NOT WRITE  
ON THIS STUB

AMENDED

**FILED JUN 13 1963**

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Mexico</u>		c. CITY OR TOWN <u>Mexico</u>	
Length of stay in 1b <u>DOA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>RFD # 2</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ELIZABETH</u> Middle <u>BLACK</u> Last <u>BLACK</u>			4. DATE OF DEATH Month <u>June</u> Day <u>6</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-31-14</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (City and state or country) <u>Mexico, Missouri</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Roxey H. Precht</u>			13b. MOTHER'S MAIDEN NAME <u>Bernetta Thornburg</u>		
14. NAME OF HUSBAND OR WIFE <u>C.L. Black</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>			17. INFORMANT Address <u>C.L. Black RFD #2 Mexico, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Head, chest, multiple injuries</u> DUE TO (b) <u>Train - auto accident</u> DUE TO (c) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Approx 20 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) <u>Auto struck by train</u>
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20c. TIME OF INJURY Hour <u>2:25</u> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year <u>June 6, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad crossing</u>	20f. CITY, TOWN, OR LOCATION <u>Audrain, Missouri</u>
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21. I attended the deceased from <u>June 6, 1963</u> to <u>June 6, 1963</u> and last saw her alive on <u>June 6, 1963</u> Death occurred at <u>2:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>William W. Bradley MD, Coroner</u>	22b. ADDRESS <u>Box 178, Farber, Mo.</u>	22c. DATE SIGNED <u>6-7-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-11-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>
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24. FUNERAL DIRECTOR <u>Arnold Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>June 10-1963</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Heely</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

*William W. Bradley MD, Coroner*

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

1 0047  
2 0040  
3  
4 1  
5 1  
6  
7 0  
8 2  
9 X  
10  
11 004  
12 92-0  
13 2-0

CERTIFICATE OF EMBALMING

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Alfred A. Smith*

Licensed Embalmer No. 3569

P. O. Address *Murphy, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.